

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10788925**
APPLICANT(S)

FILED DATE **02-26-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11		1				
12		1				
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50						
TOTAL IND. 1						
TOTAL DEP. 14						
TOTAL CLAIMS 15						

51						
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TOTAL IND.						
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TOTAL CLAIMS						